

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1	/		/		51					
2	/		/		52					
3	/		/		53					
4	/		/		54					
5					55					
6	/		/		56					
7	/		/		57					
8	/		/		58					
9					59					
10			/		60					
11			/		61					
12			/		62					
13			/		63					
14			/		64					
15			/		65					
16	/		/		66					
17	(6)		/		67					
18			/		68					
19	/		/		69					
20	/		/		70					
21	/		/		71					
22	/		/		72					
23	/		/		.73					
24	/		/		74					
25	/		/		75					
26	/		/		76					
27	/		/		77					
28	/		/		78					
29	/		/		79					
30	2		/		80					
31			/		81					
32			/		82					
33			/		83					
34			/		84					
35			/		85					
36			/		86					
37			/		87					
38			/		88					
39			/		89					
40			/		90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.					TOTAL IND.					
TOTAL DEP.					TOTAL DEP.					
TOTAL CLAIMS					TOTAL CLAIMS					